

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6150</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Sean</u> <u>Harrigan</u> P.O. Box, Bldg., Room No., if any <u>Suite 2A</u> Street <u>8530 Stanton Avenue</u> City <u>Buena Park</u> State <u>California</u> ZIP Code + 4 <u>90620-3930</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Region 8 State Council</u> Labor Organization File Number <u>533-806</u> P.O. Box, Building and Room Number, if any <u>Suite 2A</u> Street <u>8530 Stanton Avenue</u> City <u>Buena Park</u> State <u>California</u> ZIP Code + 4 <u>90620-3930</u>
5. Position in labor organization. <u>Executive Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>4-21-2006</u> Date	<u>(714) 670-5580</u> Telephone Number

Name of Person Filing Sean Harrigan

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name [REDACTED]

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name [REDACTED]

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Gardner Rich & Co., Inc.

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street 401 South Financial Place

City Chicago

State Illinois ZIP Code + 4 60605-1000

14.a. Nature of payment.

Business dinner on January 14, 2005.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$75

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Gardner Rich & Co., Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 401 South Financial Place

City Chicago

State Illinois

ZIP Code + 4 60605-1000

14.a. Nature of payment.

Business dinner on July 23, 2005.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Gardner Rich & Co., Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 401 South Financial Place

City Chicago

State Illinois

ZIP Code + 4 60605-1000

14.a. Nature of payment.

Business lunch on August 29, 2005.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Gardner Rich & Co., Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 401 South Financial Place

City Chicago

State Illinois

ZIP Code + 4 60605-1000

14.a. Nature of payment.

Business dinner on November 29, 2005.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$75

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schifffrin & Barroway LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 280 King of Prussia Road

City Radnor

State Pennsylvania

ZIP Code + 4 19087-5108

14.a. Nature of payment.

Business lunch on January 20, 2005.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California State Personnel Board

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 94420

Street

City Sacramento

State California

ZIP Code + 4 94299-0001

14.a. Nature of payment.

Salary received as a board member of the California State Personnel Board.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$36,251

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California State Personnel Board

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 94420

Street

City Sacramento

State California

ZIP Code + 4 94299-0001

14.a. Nature of payment.

Reimbursements for business travel expenses incurred as a board member of the California State Personnel Board.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$4,231